



Connecticut State Dental Association

835 West Queen Street
Southington, CT 06489

860.378.1800/phone
860.378.1807/fax

CSDA.com

**Legislative Testimony
Appropriations Committee
Governor's Bill No. 7027 – An Act Concerning the State Budget for the
Biennium Ending June Thirtieth 2019, and Making Appropriations Therefor
Thursday, February 16, 2017**

Dear Senator Formica, Senator Osten, Representative Walker, and Members of the Appropriations Committee,

On behalf of the Connecticut State Dental Association (CSDA), I am writing to support maintaining access to dental care for adult Medicaid clients in our state. Preserving the dental provider network is essential to providing necessary dental services to those who need it most, and for that reason, we will support the Governor's proposal to implement an annual benefits cap of \$1,000 for adult dental Medicaid clients with a provision to provide for exemptions based on medical necessity.

Recognizing the continued budgetary challenges facing the State of Connecticut, we appreciate the Governor's decision to maintain the dental Medicaid reimbursement rates. Over the past eight years, Connecticut's dental Medicaid program has gone from one of the worst performing programs in the country to a national example, with many other states trying to emulate the program. In recent years, however, budgetary issues have threatened the strength of our program, by imposing across the board fee reductions for dentists treating children, with additional fee cuts and utilization limits for certain specific services.

Proposing additional cuts to reimbursement fees for providers threatens the provider network in the dental Medicaid program. Additional cuts to dental Medicaid funding would force many dentists to end their participation in the program, and therefore, erode the successful program that exists today. The results would be catastrophic, causing a disintegration of the program to one that does not meet the needs of the people who most need the services it provides.

Therefore, because of our concern for Medicaid clients and, in order to help preserve the dental provider network for the Medicaid program, we accept the need to place an annual maximum on dental Medicaid benefits for adults. Although we would prefer to not have such a limit imposed, we understand that this is the only option remaining for

expense reductions at this time, as the dental provider community simply cannot support further across the board fee reductions to the dental Medicaid program.

Placing an annual benefit maximum on adult dental Medicaid services is the fairest solution to a very difficult financial situation. In arriving at this conclusion, we considered the following points:

- An annual maximum of \$1,000 is equal to the annual maximums provided by the vast majority of market based, private dental benefit plans utilized by approximately 70% of the insured population in CT;
- Commercial dental reimbursement rates are about 2.5 times more than that of Medicaid reimbursement rates, therefore the proposed maximum is equivalent to about \$2,500 in private insurance plans;
- Because we have experienced an increase in preventative services and a decrease in complex restorative cases among Medicaid clients, we anticipate that the proposed annual maximum of \$1,000 will affect a small percentage of Medicaid clients annually;
- Connecticut's dental Medicaid program is based on the concept of providing medically necessary care. It is essential that any annual maximum benefit be overridden should a client require medically necessary treatment in excess of the annual maximum;
- Utilization control, such as prior authorization, frequency limitations and procedure exclusions currently in place should continue. With these controls in place, the benefit maximum would not result in service limitations based solely on the cost of the procedure;
- Instituting an annual maximum benefit supports the practice of phased dental care for individuals requiring extensive treatment. A phased approach to dental care results in more predictable treatment outcomes, and is considered standard of care for complex cases. Implementing an annual maximum would require providers to ensure thoughtful, effective, and appropriate treatment planning for patients requiring extensive treatment;
- Other states (including Colorado in 2014) have instituted an annual maximum benefit for dental Medicaid programs similar to Connecticut's highly comprehensive program;
- Placing an annual benefit limit could also have the ancillary benefit of helping to reduce fraud and abuse.

For these reasons, we at the Connecticut State Dental Association understand the logic of implementing an annual dental benefit maximum for adult clients, and accept this proposal as a solution that is fair to both Medicaid clients, and dental providers. It is essential, however, that any annual maximum must include a provision to provide for exemptions based on medical necessity.

Respectfully Submitted,
Dr. Michael Ungerleider, DMD